

NOV 23 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38850

## 1. PLACE OF DEATH

County St. Louis  
 Township Carondelet  
 City St. Louis

Registration District No. 1123Primary Registration District No. 6248C(No. 1037 Wachtel Avenue)

File No.

Registered No. 408St.      Ward     

## 2. FULL NAME

Anna B. O'Connell(a) Residence, No. 1037 Wachtel Avenue, Ward.     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Martin A.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1878

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

59324

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri13. NAME Philip Bremser14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Maria Buhler16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Martin A. O'Connell-Husband  
(ADDRESS) 1037 Wachtel, St. Louis, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethany Cemetery DATE Oct. 6, 3719. UNDERTAKER C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S.B. Way, St. Louis, Mo.20. FILED Oct 6, 1937

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 3, 1937, to Oct 3, 1937I last saw her alive on Oct 3, 1937. Death is saidto have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis

Date of onset

Other contributory causes of importance:

Fibroid Tumor of Uterus (large)

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Bremser, M. D.(Address) 4266<sup>a</sup> Manchester Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

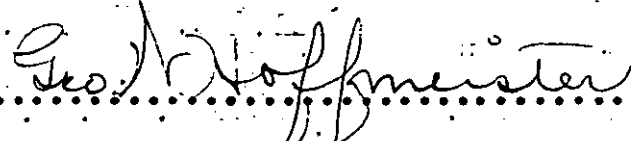
130

1961 8 1 MDS

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426, hereby certify that the body on the reverse side of this certificate was embalmed by Linus C. Hoffmeister, Licensed Embalmer No. 3871, and Leo J. Budde, Licensed Embalmer No. 3989, working under my personal supervision.

Signed.....

  
Licensed Embalmer No. 2426.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38850  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis  
(b) Township Carondelet  
(c) City

Registration District No. 1123  
Primary Registration District No. 6248C

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Anna B. O. Connell St.            (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
39 3 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 6 1937

Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

acute nephritis Date of onset

non malignant

Other contributory causes of importance:

fibroid tumor of

abdomen (large

connected to uterus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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If so, specify

(Signed) H. L. Bremer M. D.

(Address) 4266 Manchester ave

